



# Little Elks Pre-School 2017-2018 Registration

South Elkhorn Christian Church

littleelkspreschool@gmail.com (859) 223-3557



<p><b>2 Year Olds, Must be 2 by Aug 1, 2017</b></p> <p><input type="checkbox"/> Tuesday 9 AM—12 Noon \$80 per month for 9 months</p> <p><input type="checkbox"/> Wednesday 9 AM—12 Noon \$80 per month for 9 months</p> <p><input type="checkbox"/> Tuesday and Wednesday 9 AM—12 Noon \$160 per month for 9 months</p> <p>\$80 registration/supply fee Potty Training NOT required</p>	<p><b>Playschool, Must be 3 by Aug 1, 2017</b></p> <p><input type="checkbox"/> Tuesday and Thursday 9 AM—12 Noon \$155 per month for 9 months</p> <p><input type="checkbox"/> Monday, Wednesday, Friday 9 AM—12 Noon \$190 per month for 9 months</p> <p>\$140 registration/supply fee</p> <p>Must be potty trained to attend Playschool and Pre-K classes</p>	<p><b>Pre- K, Must be 4 by Aug 1, 2017</b></p> <p><input type="checkbox"/> Tuesday and Thursday 9 AM—1:30 PM \$190 per month for 9 months</p> <p><input type="checkbox"/> Monday, Wednesday, Friday 9 AM—12 Noon \$190 per month for 9 months</p> <p><input type="checkbox"/> 5 days, Monday-Friday 9 AM—12 Noon \$290 per month for 9 months</p> <p>\$140 registration/supply fee</p>
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### Child's Information

Full name of child: \_\_\_\_\_ Name to be called at school: \_\_\_\_\_

Gender: Male Female Birth date: \_\_\_\_\_

### Parents' Information

Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

City/ST/Zip: \_\_\_\_\_ City/ST/Zip: \_\_\_\_\_

Home phone: \_\_\_\_\_ Home phone: \_\_\_\_\_

Cell: \_\_\_\_\_ Cell: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Employer \_\_\_\_\_ Employer \_\_\_\_\_

Email \_\_\_\_\_ Email \_\_\_\_\_

Parents are Married Separated Divorced (optional question)

Any special custodial instructions? \_\_\_\_\_

Siblings names and ages: \_\_\_\_\_

### Interest / Developmental Information

Has you child attended any other pre-school? \_\_\_\_\_ If yes, where and how long? \_\_\_\_\_

Group experience with peers (Sunday School, play group, etc.) \_\_\_\_\_

Any information that may be helpful to the teacher or other information that you would like to share with us: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Emergency Information** (If parents are unavailable; authorized to pick up your child in an emergency)

1. Relationship to child: Phone: \_\_\_\_\_

2. Relationship to child: Phone: \_\_\_\_\_

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**Medical Information**

List everything the child is allergic to and foods child cannot eat: \_\_\_\_\_

List any health problems (such as diabetic, asthma): \_\_\_\_\_

State action to be taken when health problem occurs: \_\_\_\_\_

Physician Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**I/We give permission for \_\_\_\_\_ to be treated by emergency medical personnel if injury or illness occurs at school and I cannot be reached by phone. I/We give permission for the child to be transported to emergency facilities by car or emergency vehicle (depending on injury or illness). I/We prefer \_\_\_\_\_ (can not be left blank) hospital if care is required. We accept all medical cost for transportation and medical assistance.**

A completed Kentucky Certificate of Immunization Form is required prior to the first day of school.

Parent(s) signature \_\_\_\_\_ Date \_\_\_\_\_

**Photo Permission**

We take pictures during school and school related activities. We need your permission to be able to use the pictures in newsletters sent to parents and/or on our bulletin boards. Pictures would be selected to highlight activities during the year at Little Elks Preschool. The pictures will be used by Little Elks Preschool to show the many ways our children can have fun while participating in school!

\_\_\_\_ YES. I grant permission to use photos of my child -OR- \_\_\_\_ NO. Please do NOT take or use any photos of my child.

**Parent's signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Tuition Responsibility**

Because Little Elks is a non profit organization and budget is based on the tuitions expected during the year, we must ask that each family sign a commitment in order to operate.

**I am responsible for the registration fee and the 9 months tuition. The September Tuition Fee is due by August 1 in order to have my child enrolled for the school year. I understand the monthly fees are due on the 10th day of the month each sequential month. I understand there is a \$ 10.00 late fee charge for those not received by the date due. I understand that returned checks are subject to \$10.00 fees. I understand that I must give at least 2 weeks notice in writing when withdrawing for any reason.**

**Parent's signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Enclosed is the Non-refundable/Non-transferable Registration/Supply Fee to:**

**Little Elks Preschool 4343 Harrodsburg Rd Lexington KY 40513**